

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1					1							
2						1						
3						2						
4						1						
5						1						
6						2						
7						2						
8						2						
9					1							
10						1						
11						2						
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49												
50												
Total Indep					3							
Total Depend					28							
Total Claims					31							
51												
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60												